

COMPLAINT REPORTING INFORMATION FOR USDA FOODS

(Please complete a separate form for each specific product)

Section I: RECIPIENT INFORMATION	
1. Recipient Agency (RA) Name:	5. Contact Person / Title:
2. Address:	6. Date Complaint Filed:
3. City / State / Zip:	7. Consortium / Distributor <i>(if known)</i> :
4. Phone / E-mail:	8. Program Type: <i>(Please Circle One)</i> Schools / TEFAP / CSFP

Section II: REASON FOR COMPLAINT	
<input type="checkbox"/> Seeking Replacement or Reimbursement <i>(At the discretion of vendor, depending on amount affected)</i>	
<input type="checkbox"/> Vendor Response Requested	<input type="checkbox"/> Isolated Incident / No Response Needed
<input type="checkbox"/> Other:	

Section III: IMPORTANT INFORMATION NEEDED TO RESEARCH COMPLAINT <i>(Please fill in as much information as possible)</i>				
A. Product Name:	B. Material #:	C. Case / Can Codes:	D. Lot / Box #:	E. Purchase Order #:
F. Invoice / Sales Order #:	G. Contract #:	H. Pack Date:	I: Date Shipped to School/Agency:	J. Date Received by School/Agency:
K. Quantity Received:	L. Quantity of Product Affected:	M. Quantity Remaining:	N. Product on Hold at Site?	O. Product Under Warranty?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
P. Remaining Product Affected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			Q. Vendor Name <i>(if known)</i> :	
R. Current location of product:				
S. Date & Description of Complaint:				
T. Illness or Injury from Product? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:				

Please return form along with digital photographs, if applicable, to:
Michigan Department of Education
Food Distribution Program, PO Box 30008, Lansing, MI 48909
PHONE: 517-373-8642 FAX: 517-373-4022
MDE-FMFD@michigan.gov

Office Use Only

Case ID	Product Code	Product Description	Vendor #	Status
				<input type="checkbox"/> Closed

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INSTRUCTIONS:

Section I

1. Enter your recipient agency name (RA). Example would be the name of your school or agency.
2. Complete recipient agency address
3. Complete recipient agency city, state, and zip
4. Complete recipient agency phone and e-mail address
5. Give contact persons name and title.
6. Enter the date complaint is being filed
7. For a school, please give name of the consortium or distributor you work with. (Examples are MOR/Van Eerden, GLC/Gordons, or SPARC/SYSCO)
For a TEFAP or CSFP agency, provide the name of the distributor or warehouse you work with. (Examples are GoRoCo, Gleaners Food Bank, GCCARD warehouse, etc.)
8. Please circle program donated food was for. SCHOOLS, TEFAP (The Emergency Food Assistance Program), CSFP (Commodity Supplemental Food Program)

Section II

Please choose box(es) according to how you would like to see this complaint get resolved. If requesting replacement, please hold onto the unopened product so the vendor can exercise their right to examine or retrieve the product in question. Also, please note that reimbursement/replacement is at the discretion of the vendor and might only take place when large quantities have been affected.

Section III

- A. Please enter the name of the product. (Example: Cheese, Mozzarella)
- B. Please give the material number, if known. (Example: 100021)
- C. Give Case or Can Code, if known.
- D. Give Lot or Box Number, if known.
- E. Enter the Notice to Deliver Number or Purchase Order # which may be on paperwork received with shipment.
- F. Enter the Invoice / Sales Order # on paperwork received with shipment from distributor or warehouse. (Attach a copy of the invoice and any photographs to complaint form.)
- G. Give Contract number which may be stenciled on outer carton of shipment.
- H. Indicate the pack date, if known.
- I. Indicate the date product was shipped to school or agency.
- J. Indicate the date product was received by school or agency.
- K. List how much product was received
- L. List how much product is affected or in question:
- M. Give the quantity remaining from shipment in question.
- N. Indicate if product is being held at site.
- O. Indicate if product is under warranty, if known.
- P. Indicate if remaining product is affected, if known.
- Q. List the vendor name such as name of who processed the food, if applicable.
- R. List where the product currently is located if different from RA address.
- S. Give date and detailed description of circumstances that lead to complaint. Example could be: *I received the damaged canned two months ago, but the case they were packed in was located in middle of pallet that could not be seen until it was opened at the school.*
- T. Indicate if there was illness or injury from product. Include details, dates, and injury report information if available.